

<b>Guide for Review of Non-Residential Occupant Not Displaced -- Individual Case File</b>			
<b>Name of Program Participant:</b>			
<b>Staff Consulted:</b>			
<b>Project Name and No.</b>		<b>Funding Source:</b>	
<b>Parcel No.:</b>			
<b>Name(s) of Reviewer(s)</b>		<b>Date</b>	

**NOTE:** All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding**."

**Instructions:** This Exhibit is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain non-residential occupants who are not displaced under HUD-assisted projects. (Non-residential occupants include businesses, non-profit organizations and farms, and will hereafter be referred to as "businesses.") It is important to review cases where businesses were not displaced by a project that resulted in acquisition, rehabilitation or demolition. A business that is not displaced may or may not move temporarily or may be required to move to another site within the same building. In selecting the sample of files to review, the HUD reviewer's initial file selection should follow the guidance in the introduction to this Chapter and be randomly selected. If possible, at least five files should be reviewed. Consideration should be given to:

- whether a business is temporarily relocated
- whether businesses were required to move to another unit within the same building.

The reviewer may also add files to the selection where complaints have been made, where there is alleged or suspected noncompliance, or where the project is large and/or complex.

**Questions:**

1.

Provide the following client information:
Name(s) of Business: _____
Telephone Number(s): _____
Address: _____ _____
Address of Temporary Site: _____ _____
Date of Initial Occupancy: _____
Date Move Completed: _____

2.

<b>a. Occupant Characteristics:</b> Check As Appropriate:                      Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Lawfully Present in U.S. <input type="checkbox"/> Tenant <input type="checkbox"/> Not Lawfully Present in U.S.											
<b>b. Check All That Apply:</b> <table> <tr> <td><input type="checkbox"/> Business</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Farm</td> <td><input type="checkbox"/> Corporation</td> </tr> <tr> <td><input type="checkbox"/> Nonprofit Organization</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Business Reestablished</td> <td><input type="checkbox"/> Business Discontinued</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>		<input type="checkbox"/> Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Farm	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Partnership	<input type="checkbox"/> Business Reestablished	<input type="checkbox"/> Business Discontinued	<input type="checkbox"/> Other	
<input type="checkbox"/> Business	<input type="checkbox"/> Sole Proprietorship										
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<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Partnership										
<input type="checkbox"/> Business Reestablished	<input type="checkbox"/> Business Discontinued										
<input type="checkbox"/> Other											
<b>c. Racial/Ethnic Data</b> (Check one or more, if applicable) <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaskan Native and Black/African American <input type="checkbox"/> Other Multi-racial											
<b>Describe Basis for Conclusion:</b>          											

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3.

Is there evidence that the business was personally interviewed to determine the business' relocation needs and preferences and to explain the business' rights and options? (If yes, include date of interview in response below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>  		

4.

Does the file contain a written General Information Notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>  		

5.

If the answer to question 4 is "yes," did the General Information Notice:			
a. Explain that the project has been proposed and caution the business not to move?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Explain that the business will not be displaced or, if there is a possibility that the business may be displaced, generally describe the relocation payment(s) and assistance for which the business may be eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Generally explain the terms and conditions under which the business will be able to lease and occupy a unit at the same site upon completion of the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Inform the business that an alien not lawfully present in the United States is ineligible for relocation advisory services and relocation payments, unless such ineligibility would result in exceptional and extremely unusual hardship to a qualifying spouse, parent, or child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Describe the business' rights to appeal the program participant's determination as to the business' application for assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

f. Include the pertinent HUD information booklet(s) or the equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

6.

Was the business issued a Notice of Non-Displacement? (If yes, include date of Notice in response below.)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

7.

Does the business file contain evidence that advisory services were provided in accordance with 49 CFR 24.205(c)? (If yes, describe advisory services provided.)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

8.

Does the program participant have a policy for paying temporary moving expenses? (If yes, briefly describe policy in response below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

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9.

a. Was the business required to move?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

b. If yes, was the move (select one): <input type="checkbox"/> temporary OR <input type="checkbox"/> permanent move on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

10.

Was the business required to move more than once? (If yes, include the number of moves in the response below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe Basis for Conclusion:</b>		

11.

If the business moved temporarily, were temporary moving expenses reimbursed? [49 CFR Part 24, Appendix A, Section 24.2(a)(9)(ii)(D)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe Basis for Conclusion:</b>			

12.

If the business was/is to be temporarily relocated, indicate the time period for the temporary relocation below (number of months).

**Describe Basis for Conclusion:**

13.

Were all terms and conditions of the temporary move reasonable (i.e., temporary move did not exceed 12 months; business was reimbursed for out-of-pocket expenses)?

[49 CFR Part 24, Appendix A, Section 24.2(a)(9)(ii)(D)]

☐ ☐  
Yes No

**Describe Basis for Conclusion:**

14.

Does the file contain evidence that the business received payment for moving and related expenses [for moving from its unit and for returning from the temporary unit]? (If yes, include amount of payment in response below.)

[49 CFR Part 24, Appendix A, Section 24.2(a)(9)(ii)(D)]

☐ ☐ ☐  
Yes No N/A

**Describe Basis for Conclusion:**

15.

Were the following notices personally served or sent registered or certified mail, return receipt requested:			
a. General Information Notice? [49 CFR 24.203(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Notice of Non-displacement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>Describe Basis for Conclusion:</b>			

16.

a. Was there a written appeal or complaint filed by the business? (If yes, describe issue raised and program participant's conclusion.) [49 CFR 24.10]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

b. If the answer to a, above, is "yes," did the program participant seek HUD's review of the appeal or complaints?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>Describe Basis for Conclusion:</b>		

c. How was the appeal or complaint handled?
<b>Describe Basis for Conclusion:</b>